## 2017 Tax Organizer Personal and Dependent Information

Personal Information													
	Name							SSN		Date of birth			
Taxpayer													ALL year
Spouse													
Street address, city, state, and ZIP													
	Occupation					Dayt	ime phone	E <sup>,</sup>	Evening phone		Cell phone		
Taxpayer													
Spouse													
Taxpayer 6	payer email												
Spouse en	Spouse email												
Marital stat	us at the	end of 201	<u>7</u>		1	Taxpay	<u>er</u>	Spous	<u>e</u>				
Married						Yes	☐ No ☐ Yes ☐ No Are you blind?						
	filing se	parately				∐ Yes ☐ Yes	∐ No □ No	∐ Yes ∏ Yes	∐ No □ No	<b>吉</b> ・ ・			
Widow(	er) If sp	ouse passed	away in 2017 death			Yes	□ No	Yes	□ No	Do you want	\$3 to go	to the	
Depend		ormation								Presidential	Election	Campaign	Fund?
			•				Π		Months		Т	Full-	Healthcare
	First and last name			·	SSN	Rela	tionship	in home	Date of birth	Disabled		coverage ALL year	
List depen	dents re	quired to f	ile a return _										
Estimat	es												
				Federal	mount			lent state	ount	Date p	Reside	-	mount
Overpayment applied from 2016 Amount		inount		Date paid	AIII	ount	Date p	aiu	A	mount			
First quarte								<u> </u>		_			
Second qu													
Third quar								<u> </u>					
Fourth qua								<u> </u>					
Additional		ts											
			on & Notes										
Appointment Information & Notes  Your 2017 appointment is scheduled for													
Notes													

## 2017 **Healthcare Coverage Questionnaire** SSN: Name: **Healthcare Information** Member of household Covered Covered less No healthcare for healthcare purposes the entire year than 12 months coverage at all YES NO П Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above? Did you pay for healthcare coverage for anyone not listed above? If you had coverage for any part of the year: Where was the policy obtained? Employer / Medicare / Medicaid / Marketplace(Exchange) / Other If you didn't have coverage part or all of the year: Answer YES if the following applies to any member of the household Was your previous insurance policy cancelled in 2017? Was coverage offered by your employer or your spouse's employer? П П Are you a member of a federally recognized Indian tribe? П Are you eligible for services through an Indian healthcare provider? П Are you a member of a healthcare sharing ministry? Did you live in the United States the entire year? П Are you enrolled in TRICARE? П Did you apply for CHIP coverage? П Do any of the following apply to you? Do NOT indicate which one. Became homeless • Evicted in the past six months, or facing eviction or foreclosure · Received a shut-off notice from a utility company · Recently experienced domestic violence

- · Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Income	
Name: SSN:	
Wages & Salaries	
Provide all copies of Form W-2	
Employer name	2017 federal wages
Retirement	
Provide all copies of Form 1099-R	
_	2017
Payer name	distribution
Form 1099-Misc Income	
Provide all copies of Form 1099-MISC (* Also reported on Schedule C or E)	
Payer name	2017 amount
- Lajo: Hamo	amount

Income		
Name:	SSN:	
Dividend Income		
Provide all copies of Form 1099-DIV & other statements that report dividend income	2017 ordinary	2017 qualified
Payer name	dividends	dividends
Interest Income		
Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income		2017
Payer name		interest
If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address		

# Sale of Capital Assets

Name:			SSN	:
Sale of Capital Assets (not reported on Form 1099-B)				
Provide all brokerage statements  Description of property	Date purchased	Date sold	Sales price	Cost
	parchasea	3014	price	0031
-				
-				
-				
Installment Sale Income				
Description of property:				
Date acquired Date sold			2017	Prior years
Selling price				
Mortgages assumed				
Cost of property sold				
Depreciation allowed				
Commissions and expense of sale				
Gross profit percentage				
Interest received				
Principal payments received		· · · · · · · ·		
Property was sold to a related party				

### Schedule C - Profit or Loss from Business SSN: Name: **General Business Information** Business name Employer ID number Professional product or service Business address, city, state, ZIP Payments of \$600 or more were paid to an individual who is Yes No This business started or was acquired during 2017 not your employee for services provided for this business Yes No You filed Form(s) 1099 for the individual(s) This business was disposed of during 2017 Income 2017 2017 Income from Form 1099-MISC . . . . . . . . . **Expenses** 2017 2017 Advertising Car & truck expenses Total meals & entertainment Employee benefit programs . . . . . . . . Rent or lease (vehicles, Taxes & licenses **Cost of Goods Sold** 2017 2017 Inventory at beginning of year Purchases Other costs Inventory at end of year ...... Cost of labor There was a change in inventory method

#### Schedule E - Income or Loss from Rental Real Estate & Royalties SSN: Name: **General Property Information** Property description Address, city, state, ZIP Select the property type ☐ Vacation / short-term rental Self-rental ☐ Single family residence Land Other Multi-family residence Commercial Royalties Number of days property was used for personal use Number of days property was rented If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied Payments of \$600 or more were paid to an individual who is Yes No This property is your main home not your employee for services provided for this rental This property was disposed of during 2017 Yes No You filed Form(s) 1099 for the individual(s) This property was owned as a qualified joint venture Income 2017 2017 Royalties from oil, gas, mineral, copyright or patent Rental income from Form(s) 1099-MISC . . . . . . Royalties from Form 1099-MISC . . . . . . . **Expenses** Rental unit Rental and homeowner expenses expenses Advertising If this Schedule E is for a a multi-unit dwelling and you Auto & travel lived in one unit and rented Cleaning & maintenance out the other units, use the "Rental and homeowner Commissions expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show Legal & professional fees expenses that pertain ONLY to the rental portion of the property. Management fees . . . . . Interest - mortgage If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just Repairs ...... the "Rental unit expenses" column. Other expenses

### **Schedule A - Itemized Deductions**

Name:	SSN:
Medical and Dental Expenses	Charitable Contributions
Health insurance premiums (paid by you)	Donations to charity Cash Noncash Amount
Long-term care premiums (you)	Church
Long-term care premiums (your spouse) · · · · · · ·	Boy or Girl Scouts
Long-term care premiums (dependents)	Goodwill
Mileage driven for medical purposes · · · · · · · ·	Red Cross · · · · · · · · · · · · · · · · · ·
Medical and dental expenses	Salvation Army · · · · · · ·
Doctor, dental, etc	United Way
Prescription medicines	Veterans · · · · · · · · · · · · · · · · · · ·
Insulin · · · · · · · · · · · · · · · · · · ·	Hospital · · · · · · · · · · · · · · · · · · ·
Glasses and contacts · · · · · · · · · · ·	University · · · · · · ·
Hearing aids · · · · · · · · · · · · · ·	Other
Braces	Miles driven for charitable purposes
Medical equipment & supplies	Job Expenses & Certain Miscellaneous Deductions  Necessary job expenses you paid that were not reimbursed by your
Hospital services · · · · · · · · · · · ·	employer
Laboratory services • • • • • • • • • • • • • • • • • • •	Safety equipment, tools, & supplies
Nursing services	Uniforms
Other	Protective clothing (shoes, hardhats, glasses, etc.)
Taxes Paid	Dues to professional organizations
State and local income taxes	Books & subscriptions
Sales tax	Other
Real estate taxes	Tax preparation fees
Personal property taxes	Other nonpersonal expenses related to taxable income
Other taxes (list)	Safe deposit box fees · · · · · · · · ·
	Investment expenses not entered elsewhere
	Other
Interest Paid	Other Miscellaneous Deductions
Mortgage interest paid (attach Form 1098) • • • • • •	Amortizable bond premiums
Mortgage interest paid to an individual • • • • • • •	Federal estate tax · · · · · · · · · · · · · · ·
Paid to: Name	Gambling losses · · · · · · · · · · · · ·
Address	Impairment-related work expenses
City, State, ZIP	Claim repayments
SSN or EIN	Unrecovered pension investments
	Loss from other activities from Schedule K-1
Qualified mortgage insurance premiums	Ordinary loss debt instrument
Investment interest	-

# **Expenses Related to Business** SSN: Name: **Auto Expense** Name of business vehicle is used for Description of vehicle Date vehicle was placed in service Another vehicle is available for personal use There is evidence to support your deduction This vehicle is available for use during off-duty hours The evidence is written Number of miles the vehicle was driven during 2017 Business Commuting Total Garage rent Property tax Property tax Oil . . . . . . Other expenses **Business Use of Home** Name of business home is used for What is the total square footage of your home that was used regularly and exclusively for business? What is the total square footage of your home? For daycare facilities not used exclusively for business, complete the following questions How many days during the year was the area used? How many hours per day was the area used? The daycare facility was in operation for the entire year **Expenses** Office expenses Home expenses In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.